Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
EASTERN DISTRICT OF CALIFORNIA	_	
Case number (if known)	_ Chapter you are filing under:	
	Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	Check if this ar amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Par	t 1: Identify Yourself		
		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name		
	Write the name that is on your government-issued picture identification (for example, your driver's	Jason First name	Andrea First name
	license or passport).	Middle name	Middle name
	Bring your picture identification to your meeting with the trustee.	Sullivan  Last name and Suffix (Sr., Jr., II, III)	Sullivan  Last name and Suffix (Sr., Jr., II, III)
2.	All other names you have used in the last 8 years		
	Include your married or maiden names.		
3.	Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)	xxx-xx-4409	xxx-xx-1854

Debtor 1 Jason Sullivan
Debtor 2 Andrea Sullivan

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	■ I have not used any business name or EINs.  Business name(s)  EINs		
5.	Where you live	8563 Erinbrook Way	If Debtor 2 lives at a different address:		
		Sacramento, CA 95826  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
		Sacramento County	County		
		If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing this district to file for bankruptcy	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)	Check one:  Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.  I have another reason. Explain. (See 28 U.S.C. § 1408.)		

	otor 1 otor 2	Jason Sullivan Andrea Sullivan					Case numbe	F (if known)	
Par	t 2:	Tell the Court About Y	our Bank	ruptcy Ca	ise				
7.	Bank	chapter of the ruptcy Code you are sing to file under	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box.						
	CHOO	sing to me under	■ Chapter 7						
			☐ Chap	ter 11					
			☐ Chap	ter 12					
			☐ Chap	ter 13					
8.	How	you will pay the fee	abo ord	out how yo	e entire fee when I file my ou may pay. Typically, if you attorney is submitting you address.	u are paying the f	ee yourself, you m	ay pay with cash, cashie	er's check, or money
					y the fee in installments. ee in Installments (Official I		option, sign and a	attach the Application for	Individuals to Pay
			☐ I re	quest that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that blies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out					
			app	olies to yo	ur family size and you are on to Have the Chapter 7 I	unable to pay the	fee in installments	). If you choose this option	on, you must fill out
9.		you filed for ruptcy within the	■ No.						
	last 8	years?	☐ Yes.						
				District					
				District		When		_ Case number	
				District		When			
10.		ny bankruptcy	■ No						
	filed not fi you,	s pending or being by a spouse who is ling this case with or by a business er, or by an tte?	☐ Yes.						
				Debtor				Relationship to you	
				District		When		Case number, if known	
				Debtor				Relationship to you	
				District		When		Case number, if known	
11.		ou rent your	■ No.	Go to I	ine 12.				
	resid	ence?	☐ Yes.	Has yo	our landlord obtained an e	viction judgment a	gainst you?		
					No. Go to line 12.				
					Yes. Fill out <i>Initial Staten</i> this bankruptcy petition.	nent About an Evid	ction Judgment Ag	ainst You (Form 101A) a	nd file it as part of

Debto		Jason Sullivan Andrea Sullivan			Case number (if known)				
Part 3	3: R	eport About Any Bu	sinesses `	You Own as a Sole Proprie	etor				
(		u a sole proprietor full- or part-time	■ No.	Go to Part 4.					
			☐ Yes.	Name and location of bu	siness				
t 3 3	ousines an indiv separa as a co	proprietorship is a ss you operate as vidual, and is not a te legal entity such propration, aship, or LLC.		Name of business, if any					
l S	f you h	nave more than one oprietorship, use a te sheet and attach		Number, Street, City, State & ZIP Code					
i	it to this petition. Check the appropriate box to describe your business:								
				☐ Health Care Busi	ness (as defined in 11 U.S.C. § 101(27A))				
				☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))					
				☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))					
				☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))					
				☐ None of the above	e				
( E	Chapte Bankrı	u filing under er 11 of the uptcy Code and are small business	deadlines operation	re filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate es. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B).					
ſ	For a d	lefinition of small	■ No.	I am not filing under Cha	pter 11.				
Ł	busine	ss debtor, see 11 § 101(51D).	□ No.	I am filing under Chapter Code.	11, but I am NOT a small business debtor according to the definition in the Bankruptcy				
			☐ Yes.	I am filing under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.				
Part 4	4: R	eport if You Own or	Have Any	Hazardous Property or Ar	ny Property That Needs Immediate Attention				
14. I	Do you	ı own or have any	■ No.						
6	alleged of imm	ty that poses or is d to pose a threat ninent and iable hazard to	☐ Yes.	What is the hazard?					
1	public Or do y proper	health or safety? you own any ty that needs liate attention?		If immediate attention is needed, why is it needed?					
! ! !	For exa perisha livestoo or a bu	ample, do you own able goods, or ck that must be fed, ilding that needs repairs?		Where is the property?					
	-				Number, Street, City, State & Zip Code				

Debtor 1 Jason Sullivan
Debtor 2 Andrea Sullivan

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

## Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

#### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

## ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

		Jason Sullivan Andrea Sullivan				Case number	· (if known)			
Par	t 6: A	answer These Questi	ons for Re	eporting Purposes						
16.	What you ha	kind of debts do ave?	16a.	Are your debts primarily consun individual primarily for a personal,			ed in 11 U.S.C. § 101(8) as "incurred by an			
				☐ No. Go to line 16b.						
				Yes. Go to line 17.						
			16b.	<b>Are your debts primarily business debts?</b> <i>Business debts</i> are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.						
				☐ No. Go to line 16c.						
				☐ Yes. Go to line 17.						
			16c.	State the type of debts you owe that	at are not consumer deb	ts or business	s debts			
17.	Are yo	ou filing under er 7?	□ No.	I am not filing under Chapter 7. Go	to line 18.					
Do you estimate that after any exempt			■ Yes.	I am filing under Chapter 7. Do you are paid that funds will be available			erty is excluded and administrative expenses			
	admin	administrative expenses		■ No						
are paid that funds will be available for distribution to unsecure creditors?				☐ Yes						
18.		How many Creditors do you estimate that you owe?	<b>1</b> -49		<b>1</b> ,000-5,000		<b>1</b> 25,001-50,000			
	you es		□ 50-99		☐ 5001-10,000		□ 50,001-100,000			
			☐ 100-19 ☐ 200-99		☐ 10,001-25,000		☐ More than100,000			
19.		nuch do you	□ \$0 - \$9	50,000	□ \$1,000,001 - \$10 m	illion	☐ \$500,000,001 - \$1 billion			
	estima be wo	ate your assets to rth?		01 - \$100,000	□ \$10,000,001 - \$50		☐ \$1,000,000,001 - \$10 billion			
				001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
			₩ \$500,0	JU1 - \$1 million	<b>—</b> \$100,000,001 - \$30	O TIMILOTI	- More than 400 billion			
20.		nuch do you	□ \$0 - \$9	•	□ \$1,000,001 - \$10 m	illion	☐ \$500,000,001 - \$1 billion			
	to be?	ate your liabilities		01 - \$100,000	□ \$10,000,001 - \$50 million		\$1,000,000,001 - \$10 billion			
			. ,	001 - \$500,000 001 - \$1 million	□ \$50,000,001 - \$100 □ \$100,000,001 - \$50		☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion			
			<b>—</b> \$500,0	901 - \$1 IIIIII0II						
Par	t 7: S	ign Below								
For	you		I have ex	amined this petition, and I declare u	ınder penalty of perjury t	hat the inform	ation provided is true and correct.			
				chosen to file under Chapter 7, I am ates Code. I understand the relief a			under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7.			
If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).					an attorney to help me fill out this					
I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.						ified in this petition.				
			I understate bankrupto and 3571	cy case can result in fines up to \$25	ealing property, or obtain 0,000, or imprisonment	ning money or for up to 20 ye	property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519,			
			/s/ Jaso	n Sullivan		ndrea Sulliv	an			
			Jason S Signature	Gullivan e of Debtor 1		ea Sullivan ture of Debtor	2			
			Executed	on June 10, 2019 MM / DD / YYYY	Execu	ted on Jun	<b>e 10, 2019</b> / DD / YYYY			

Debtor 1 Debtor 2  Jason Sullivan Andrea Sullivan			Case	number (if known)
For your attorney, if you are represented by one	under Chapter 7, 11, 12, or for which the person is eligib	13 of title 11, United to le. I also certify that	States Code, and have ex I have delivered to the de	informed the debtor(s) about eligibility to proceed explained the relief available under each chapter ebtor(s) the notice required by 11 U.S.C. § 342(b)
If you are not represented by an attorney, you do not need to file this page.	and, in a case in which § 70 schedules filed with the petit		ertify that I have no knowle	edge after an inquiry that the information in the
. •	/s/ Marc A. Caraska	SBN	Date	June 10, 2019
	Signature of Attorney for De	btor		MM / DD / YYYY
	Marc A. Caraska Printed name Law Office of Marc A. C Firm name 555 University Ave., Su			
	Sacramento, CA 95825			
	Number, Street, City, State & ZIP Coo	de		
	Contact phone (916) 248-80	78	Email address	mcaraska@caraskalaw.com
	SBN 155098 CA			
	Bar number & State			<del></del>

Fill in this information to identify your case:				
Debtor 1	Jason Sullivan			
	First Name	Middle Name	Last Name	
Debtor 2	Andrea Sullivan			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	PF CALIFORNIA	
Case number				

☐ Check if this is an amended filing

## Official Form 106Sum

## **Summary of Your Assets and Liabilities and Certain Statistical Information**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

you	r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.		-
Par	t 1: Summarize Your Assets		
		Your a	essets of what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	340,000.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	46,003.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	386,003.00
Par	t 2: Summarize Your Liabilities		
			iabilities It you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	319,148.13
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.00
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	45,744.00
	Your total liabilities	\$	364,892.13
Par	t 3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	8,729.59
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	8,613.50
Par	t 4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you	ur other sc	hedules.
7.	■ Yes What kind of debt do you have?		

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Debtor 2	Jason Sullivan Andrea Sullivan	Case number (if known)	
8. From	n the Statement of Your Current Monthly Income: Cop	by your total current monthly income from Official Form	0.404.00

 From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14. 9,481.00

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

From Part 4 on Schedule E/F, copy the following:	Tota	al claim
9a. Domestic support obligations (Copy line 6a.)	\$_	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$_	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$_	0.00
9d. Student loans. (Copy line 6f.)	\$_	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$_	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$_	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

Fill in this inform	ation to identify	your case and th	nis filin	g:				
Debtor 1	Jason Sulliva	an						
	First Name	Middle	Name	Last Name				
Debtor 2	Andrea Sulliv		Name	Last Name				
Spouse, if filing)								
Inited States Ban	kruptcy Court for	the: EASTERN	DISTR	ICT OF CALIFORNIA				
Case number							☐ Check if this is a	
							amended filing	
Official For	m 106A/B							
Schedule	A/B: Pr	operty					12/15	
formation. If more nswer every questi	space is needed, a on.	ttach a separate sl	heet to	o married people are filing together, both are ed this form. On the top of any additional pages, v al Estate You Own or Have an Interest In				
Yes. Where is	the property?		Wha	it is the property? Check all that apply				
8563 Erinbi	rook Way			Single-family home	Do not deduc	secured cla	ims or exemptions. Put	
Street address, if	available, or other desc	ription	_	Dupley or multi-unit building	the amount of	nt of any secured claims on Schedule D: Who Have Claims Secured by Property.		
				Condominium or cooperative	Creditors with	) nave Ciaili	is Secured by Property.	
_				Manufactured or mobile home	Current value	e of the	Current value of the	
Sacrament		95826-0000		Land	entire proper	=	portion you own?	
City	State	ZIP Code		Investment property Timeshare	\$340	,000.00	\$340,000.0	
							our ownership interest	
				has an interest in the property? Check one	a life estate),		incy by the entireties, o	
				Debtor 1 only				
Sacrament	0			Debtor 2 only				
County					■ Check if	this is com	munity property	
					(see instru	,		
				er information you wish to add about this item, perty identification number:	such as loca	I		
			hiot	erry identification number.				
Add the delle	r value of the no	rtion you own fo	r all of	your entries from Part 1, including any e	ntripe for			
				er here			\$340,000.00	

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

		ason Sullivan Indrea Sullivan		Ca:	se number (if known)	
3. <b>C</b>	ars, vans	, trucks, tractors,	sport utility ve	hicles, motorcycles		
П	No					
_	Yes					
	100					
3.1	Make:	Honda		Who has an interest in the property? Check one		d claims or exemptions. Put
	Model:	Accourd		☐ Debtor 1 only		cured claims on Schedule D: Claims Secured by Property.
	Year:	2016		Debtor 2 only	Current value of the	Current value of the
	Approxir	nate mileage:	30000	■ Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	formation:		☐ At least one of the debtors and another		
				■ Check if this is community property (see instructions)	\$15,000.00	\$15,000.00
					Do not doduct coours	d alaima ar ayamatiana Dut
3.2	Make:	Honda		Who has an interest in the property? Check one	the amount of any sec	d claims or exemptions. Put cured claims on Schedule D:
	Model:	Accord		☐ Debtor 1 only	Creditors Who Have	Claims Secured by Property.
	Year:	2016	40000	Debtor 2 only	Current value of the	Current value of the
		mate mileage: formation:	40000	Debtor 1 and Debtor 2 only	entire property?	portion you own?
	Other in	ioimation.		☐ At least one of the debtors and another		
				■ Check if this is community property (see instructions)	\$14,000.00	\$14,000.00
5 <b>A</b>				n for all of your entries from Part 2, including an		\$29,000.00
Part	3: Descri	be Your Personal a	nd Household Ite	ams		_
				terest in any of the following items?		Current value of the
				, Ç		portion you own? Do not deduct secured claims or exemptions.
E	xamples: No	goods and furnices, escribe		, china, kitchenware		
		Но	ousehold furn	ishings and appliances		\$5,000.00
E	_	Televisions and ra		eo, stereo, and digital equipment; computers, printer nedia players, games	s, scanners; music colle	ections; electronic devices
	No Yes. De	escribe				
E		s of value Antiques and figur other collections,		prints, or other artwork; books, pictures, or other art llectibles	objects; stamp, coin, or	baseball card collections;
		escribe				

Debtor 1 Jason Sullivan Debtor 2 Andrea Sullivan Case number (if known)	own)
<ul> <li>9. Equipment for sports and hobbies         Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; can musical instruments         ■ No         □ Yes. Describe     </li> </ul>	oes and kayaks; carpentry tools;
10. Firearms  Examples: Pistols, rifles, shotguns, ammunition, and related equipment  ■ No  □ Yes. Describe	
<ul> <li>11. Clothes</li></ul>	
Clothing	\$1,000.00
<ul> <li>12. Jewelry         <ul> <li>Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, ger</li> <li>□ No</li> <li>■ Yes. Describe</li> </ul> </li> </ul>	ms, gold, silver
Wedding rings, watches, necklaces, ear rings	\$1,000.00
<ul> <li>No</li> <li>☐ Yes. Describe</li> <li>14. Any other personal and household items you did not already list, including any health aids you did not list.</li> <li>☐ No</li> <li>☐ Yes. Give specific information</li> </ul>	st
15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here	\$7,000.00
Part 4: Describe Your Financial Assets	
Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
16. Cash  Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your placed by No.  ☐ Yes	petition
<ul> <li>17. Deposits of money         Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, broken institutions. If you have multiple accounts with the same institution, list each.     </li> <li>□ No</li> </ul>	age houses, and other similar
■ Yes Institution name:	
17.1. Checking Golden 1 Credit Union	\$1.00
17.2. Savings Golden 1 Credit Union	\$1.00

Debtor 1 Debtor 2	Jason Sullivan Andrea Sullivan	Case number (if known)	
2001012	Andrea Guillyan		
Exam <sub>l</sub>	, mutual funds, or publicly traded stocks ples: Bond funds, investment accounts with bro	okerage firms, money market accounts	
■ No □ Yes	Institution or issuer r	name:	
	ublicly traded stock and interests in incorporenture	orated and unincorporated businesses, including an interest in	an LLC, partnership, and
■ No			
⊔ Yes.	Give specific information about them  Name of entity:	% of ownership:	
Negoti Non-n		stiable and non-negotiable instruments shiers' checks, promissory notes, and money orders. insfer to someone by signing or delivering them.	
■ No □ Yes.	Give specific information about them Issuer name:		
	nent or pension accounts oles: Interests in IRA, ERISA, Keogh, 401(k), 4	03(b), thrift savings accounts, or other pension or profit-sharing plan	ns
■ Yes.	List each account separately.  Type of account:	Institution name:	
		Cal PERS	\$1.00
		401(k) - Franchise Tax Board	\$5,000.00
		457 - Franchise Tax Board	\$5,000.00
Your s		that you may continue service or use from a company public utilities (electric, gas, water), telecommunications companies	, or others
		Institution name or individual:	
23. Annuit	ies (A contract for a periodic payment of mone	ey to you, either for life or for a number of years)	
☐ Yes	Issuer name and description.		
26 U.S.	ts in an education IRA, in an account in a qu C. §§ 530(b)(1), 529A(b), and 529(b)(1).	ualified ABLE program, or under a qualified state tuition progra	am.
■ No □ Yes	Institution name and description	n. Separately file the records of any interests.11 U.S.C. § 521(c):	
25. Trusts ■ No	, equitable or future interests in property (or	ther than anything listed in line 1), and rights or powers exerci	sable for your benefit
☐ Yes.	Give specific information about them		
	s, copyrights, trademarks, trade secrets, an oles: Internet domain names, websites, proceed		
☐ Yes.	Give specific information about them		
Examp ■ No	es, franchises, and other general intangible ples: Building permits, exclusive licenses, coop  Give specific information about them	es perative association holdings, liquor licenses, professional licenses	
	property owed to you?		Current value of the

Debtor 1 Debtor 2	Jason Sullivan Andrea Sullivan	Case number (if known)	
			portion you own?  Do not deduct secured claims or exemptions.
28. <b>Tax</b> re	efunds owed to you		
■ No □ Yes	. Give specific information about them, including whether you already file	ed the returns and the tax years	
■ No	y support  nples: Past due or lump sum alimony, spousal support, child support, ma  Give specific information	intenance, divorce settlement, property	settlement
Exan	ramounts someone owes you inples: Unpaid wages, disability insurance payments, disability benefits, si benefits; unpaid loans you made to someone else	ick pay, vacation pay, workers' compe	nsation, Social Security
⊔ Yes	. Give specific information		
	ests in insurance policies inples: Health, disability, or life insurance; health savings account (HSA);	credit, homeowner's, or renter's insurar	nce
☐ Yes	. Name the insurance company of each policy and list its value.  Company name:	Beneficiary:	Surrender or refund value:
If you some	nterest in property that is due you from someone who has died are the beneficiary of a living trust, expect proceeds from a life insurance one has died.	e policy, or are currently entitled to rec	eive property because
■ No □ Yes	. Give specific information		
Exan ■ No	is against third parties, whether or not you have filed a lawsuit or maples: Accidents, employment disputes, insurance claims, or rights to sue.  Describe each claim		
34. Other	contingent and unliquidated claims of every nature, including cour	nterclaims of the debtor and rights to	set off claims
■ No	, , ,		
☐ Yes	. Describe each claim		
■ No	inancial assets you did not already list  . Give specific information		
	the dollar value of all of your entries from Part 4, including any entries 4. Write that number here		\$10,003.00
Part 5: D	escribe Any Business-Related Property You Own or Have an Interest In. List	any real estate in Part 1.	
	own or have any legal or equitable interest in any business-related property	•	
_	So to Part 6.		
☐ Yes.	Go to line 38.		
	escribe Any Farm- and Commercial Fishing-Related Property You Own or Ha you own or have an interest in farmland, list it in Part 1.	ve an Interest In.	

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

Debt		Andrea Sullivan		Case number (if known)	
[	☐ Yes.	Go to line 47.			
Part 7	7:	Describe All Property You Own or Have an Interest in That	You Did Not List Above		
	•	have other property of any kind you did not already lies: Season tickets, country club membership	st?		
	No Yes. (	Give specific information			
54.	Add th	he dollar value of all of your entries from Part 7. Write	that number here		\$0.00
Part 8	B:	List the Totals of Each Part of this Form			
55.	Part 1	: Total real estate, line 2			\$340,000.00
56.	Part 2	: Total vehicles, line 5	\$29,000.00		
57.	Part 3	: Total personal and household items, line 15	\$7,000.00		
58.	Part 4	: Total financial assets, line 36	\$10,003.00		
59.	Part 5	: Total business-related property, line 45	\$0.00		
60.	Part 6	: Total farm- and fishing-related property, line 52	\$0.00		
61.	Part 7	: Total other property not listed, line 54	+\$0.00		
62.	Total <sub>l</sub>	personal property. Add lines 56 through 61	\$46,003.00	Copy personal property total	\$46,003.00
63.	Total	of all property on Schedule A/B. Add line 55 + line 62			\$386,003.00

Fill in this information to identify your case:					
Debtor 1	Jason Sullivan				
	First Name	Middle Name	Last Name		
Debtor 2	Andrea Sullivan				
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF CALIFORNIA		
Case number _					

☐ Check if this is an amended filing

## Official Form 106C

# Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Pa	rt 1: Identify the Property You Claim as Ex	xempt			
1.	Which set of exemptions are you claiming?	Check one only, ever	ı if you	ır spouse is filing with you.	
	■ You are claiming state and federal nonbank	cruptcy exemptions. 1	1 U.S.	.C. § 522(b)(3)	
	☐ You are claiming federal exemptions. 11 U	J.S.C. § 522(b)(2)			
2.	For any property you list on Schedule A/B	that you claim as exe	mpt, f	ill in the information below.	
	Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	Amo	unt of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Chec	ck only one box for each exemption.	
	8563 Erinbrook Way Sacramento, CA 95826 Sacramento County	\$340,000.00	•	\$48,956.03	C.C.P. § 704.730
	33020 Gaoramento Gounty				

8563 Erinbrook Way Sacramento, CA	\$340,000.00	\$48,956.03	C.C.P. § 704.730
95826 Sacramento County Line from Schedule A/B: 1.1		100% of fair market value, up to any applicable statutory limit	
2016 Honda Accourd 30000 miles Line from Schedule A/B: 3.1	\$15,000.00	\$1,223.16	C.C.P. § 704.010
Line from Schedule AVD. 3.1		100% of fair market value, up to any applicable statutory limit	
Household furnishings and	\$5,000.00	\$5,000.00	C.C.P. § 704.020
appliances Line from Schedule A/B: 6.1		100% of fair market value, up to any applicable statutory limit	
Clothing Line from Schedule A/B: 11.1	\$1,000.00	\$1,000.00	C.C.P. § 704.020
Line nom Schedule AVB. 1111		100% of fair market value, up to any applicable statutory limit	
Wedding rings, watches, necklaces,	\$1,000.00	\$1,000.00	C.C.P. § 704.040

100% of fair market value, up to any applicable statutory limit

ear rings

Line from Schedule A/B: 12.1

Debte Debte		ndrea Sullivan			Case number (if known)	
	the state of the s		Current value of the portion you own	The state of the s		Specific laws that allow exemption
			Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
		ng: Golden 1 Credit Union	\$1.00		\$1.00	C.C.P. § 704.070
	-1110 11011	Todicadie A/B. TTT			100% of fair market value, up to any applicable statutory limit	
		s: Golden 1 Credit Union	\$1.00		\$1.00	C.C.P. § 704.070
_	ine non	i Scriedule A/B. 11.2			100% of fair market value, up to any applicable statutory limit	
	Cal PER	RS o Schedule A/B: <b>21.1</b>	\$1.00		\$1.00	C.C.P. § 704.115(a)(1) & (2), (b)
	-1116 11011	Tochedule AVB. 21.1			100% of fair market value, up to any applicable statutory limit	(5)
		Franchise Tax Board	\$5,000.00		\$5,000.00	C.C.P. § 704.110
	-1116 11011	Todiedule A/B. ZT.Z			100% of fair market value, up to any applicable statutory limit	
		anchise Tax Board	\$5,000.00		\$5,000.00	C.C.P. § 704.110
	-1110 11011	Todicadie A.B. 2110			100% of fair market value, up to any applicable statutory limit	
		claiming a homestead exemptior			iled on or after the date of adjustme	nt.)
Ì	■ No		nou on or anor are date or adjustants	,		
[	☐ Yes	. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case	?
		No	•		•	
		Yes				

Fill in this information to	identify your	case:			
Debtor 1 Jason	Sullivan				
First Nam		Middle Name Last Name			
Debtor 2 Andre	a Sullivan				
(Spouse if, filing) First Nam	ne	Middle Name Last Name			
United States Bankruptcy C	Court for the:	EASTERN DISTRICT OF CALIFORNIA			
Case number					
(if known)				☐ Check	if this is an
				amend	led filing
				<u>.</u>	
Official Form 106D	=				
Schedule D: Cre	editors	Who Have Claims Secure	ed by Property	/	12/15
		two married people are filing together, both are ut, number the entries, and attach it to this form.			
1. Do any creditors have claim	s secured by	your property?			
☐ No. Check this box a	and submit th	is form to the court with your other schedules.	You have nothing else to	report on this form.	
Yes. Fill in all of the	information b	elow.			
Part 1: List All Secured	l Claime				
		ore then are accurred claim list the graditor concret	Column A	Column B	Column C
for each claim. If more than on	e creditor has	ore than one secured claim, list the creditor separat a particular claim, list the other creditors in Part 2. A al order according to the creditor's name.		Value of collateral that supports this claim	Unsecured portion If any
2.1 Honda Financial S	ervices	Describe the property that secures the claim:	\$13,776.84	\$15,000.00	\$0.00
Creditor's Name		2016 Honda Accourd 30000 miles			
P.O. Box 70252	l	As of the date you file, the claim is: Check all that			
Philadelphia, PA 19176-0252		apply.			
	Zin Codo	Contingent			
Number, Street, City, State &	Zip Code	☐ Unliquidated ☐ Disputed			
Who owes the debt? Check	one.	Nature of lien. Check all that apply.			
Debtor 1 only		☐ An agreement you made (such as mortgage or	secured		
Debtor 2 only		car loan)			
■ Debtor 1 and Debtor 2 only		☐ Statutory lien (such as tax lien, mechanic's lien)			
☐ At least one of the debtors a		☐ Judgment lien from a lawsuit			
■ Check if this claim relates	to a	Other (including a right to offset)			
community debt					
Date debt was incurred 20	16	Last 4 digits of account number			
2.2 Honda Financial S	Services	Describe the property that secures the claim:	\$14,327.32	\$14,000.00	\$327.32
Creditor's Name		2016 Honda Accord 40000 miles	<u>Ψ14,027.02</u>	Ψ14,000.00	ΨΟΣ1.ΙΟΣ
P.O. Box 70252		As of the date you file, the claim is: Check all that			
Philadelphia, PA		apply.			
19176-0252		Contingent			
Number, Street, City, State &	Zip Code	Unliquidated			
Who owes the debt? Check		Disputed  Nature of lien. Check all that apply.			
	one.	_	a a a ura d		
☐ Debtor 1 only ☐ Debtor 2 only		An agreement you made (such as mortgage or car loan)	securea		
_		☐ Statutory lien (such as tax lien, mechanic's lien)			
■ Debtor 1 and Debtor 2 only  ■ At least one of the debtors a		☐ Judgment lien from a lawsuit			
_		Other (including a right to offset)			
Check if this claim relates community debt	ιο a	Caller (including a light to offset)			
-					
Date debt was incurred		Last 4 digits of account number			

Debtor 1 Jason Sullivan		Case number (if known)		
First Name Middle M	lame Last Name			
Debtor 2 Andrea Sullivan				
First Name Middle N	lame Last Name			
2.3 Nationstar Mortgage	Describe the property that secures the clair	n: <b>\$291,043.97</b> _	\$340,000.00	\$0.00
Creditor's Name	8563 Erinbrook Way Sacramento, CA 95826 Sacramento County			
350 Highland Dr. Lewisville, TX 75067	As of the date you file, the claim is: Check all apply.  Contingent	that		
Number, Street, City, State & Zip Code	☐ Unliquidated			
Who owes the debt? Check one.	☐ Disputed  Nature of lien. Check all that apply.			
☐ Debtor 1 only ☐ Debtor 2 only	An agreement you made (such as mortgage car loan)	e or secured		
■ Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, mechanic's	lien)		
$\square$ At least one of the debtors and another	☐ Judgment lien from a lawsuit			
Check if this claim relates to a community debt	☐ Other (including a right to offset)			
Date debt was incurred 2016	Last 4 digits of account number			
Add the dollar value of your entries in 0	Column A on this page. Write that number here	s: \$319,148.°	13	
If this is the last page of your form, add Write that number here:	the dollar value totals from all pages.	\$319,148.		

## Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

00/1	1/10		0430 10 2011		'
Fill in t	his information to identify	your case:			
Debtor					
Deptoi	Jason Sulliva First Name	Middle I	Name Last Name		
Debtor	2 Andrea Sulliv	/an			
(Spouse i	f, filing) First Name	Middle I	Name Last Name		
United	States Bankruptcy Court for t	he: EASTERN	DISTRICT OF CALIFORNIA		
Case n	umber				
(if known)					☐ Check if this is an
					amended filing
Offici	al Form 106E/F				
		s Who Have	Unsecured Claims		12/15
				d Part 2 for creditors with NONPRIOR	
Schedule eft. Atta name an	e D: Creditors Who Have Claim ch the Continuation Page to th d case number (if known).	s Secured by Properties page. If you have	erty. If more space is needed, cop no information to report in a Part	le any creditors with partially secured y the Part you need, fill it out, numbe t, do not file that Part. On the top of a	r the entries in the boxes on the
Part 1:					
1. Do	any creditors have priority uns	ecured claims agair	nst you?		
	No. Go to Part 2.				
	Yes.				
Part 2:	List All of Your NONPRI	ORITY Unsecure	d Claims		
3. Do	any creditors have nonpriority	unsecured claims a	gainst you?		
	No. You have nothing to report in	this part. Submit this	form to the court with your other so	hedules.	
_	Yes.				
uns	ecured claim, list the creditor sep n one creditor holds a particular c	arately for each clain	n. For each claim listed, identify wha	ho holds each claim. If a creditor has n at type of claim it is. Do not list claims alr an three nonpriority unsecured claims fill	eady included in Part 1. If more
ı alı	12.				Total claim
4.1	Axcess Financial		Last 4 digits of account number	-	¢4 905 00
4.1	Nonpriority Creditor's Name		Last 4 digits of account number		\$4,895.00
	7755 Montgomery Rd. Cincinnati, OH 45236		When was the debt incurred?	2018	
	Number Street City State Zip Co	ode	As of the date you file, the claim	n is: Check all that apply	
	Who incurred the debt? Check	cone.			
	Debtor 1 only		☐ Contingent		
	☐ Debtor 2 only		☐ Unliquidated		
	■ Debtor 1 and Debtor 2 only		☐ Disputed		
	☐ At least one of the debtors a	nd another	Type of NONPRIORITY unsecur	ed claim:	
	Check if this claim is for a	community	☐ Student loans		
	debt	y	☐ Obligations arising out of a se	paration agreement or divorce that you o	did not
	Is the claim subject to offset?		report as priority claims	2	
	■ No		Debts to pension or profit-shar	ring plans, and other similar debts	
	☐ Yes		Other. Specify Loan		

Debtor Debtor	1 Jason Sullivan 2 Andrea Sullivan	Case number (if known)	
4.2	Chase Nonpriority Creditor's Name	Last 4 digits of account number	\$1,973.00
	P.O. Box 94014 Palatine, IL 60094-4014	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Credit Card	
4.3	Credit One Bank	Last 4 digits of account number	\$1,462.00
	Nonpriority Creditor's Name P.O. Box 98873 Las Vegas, NV 89193-8873	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	□ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit card	
4.4	Credit One Bank	Last 4 digits of account number	\$996.00
	Nonpriority Creditor's Name P.O. Box 98873	When was the debt incurred? 2017	
	Las Vegas, NV 89193-8873	ZOTT	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only		
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	Check if this claim is for a community debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Credit Card	
		— Outon Opeony	

Debtor Debtor	1 Jason Sullivan 2 Andrea Sullivan	Case number (if known)				
4.5	Franchise Tax Board	Last 4 digits of account number	\$7,000.00			
	Nonpriority Creditor's Name Bankruptcy Section MS A-340 P.O. Box 2952 Sacramento, CA 95812-2952	When was the debt incurred? 2016, 2017	<b>V</b> 1,000100			
	Number Street City State Zip Code Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	☐ Debtor 1 only ☐ Debtor 2 only	☐ Contingent ☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only  ☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt Is the claim subject to offset?	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims				
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Income tax				
4.6	Internal Revenue Service Nonpriority Creditor's Name	Last 4 digits of account number	\$17,500.00			
	P.O. Box 7346 Philadelphia, PA 19101-7346	When was the debt incurred? 2016, 2017				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply				
	Debtor 1 only	☐ Contingent				
	☐ Debtor 2 only	☐ Unliquidated				
	Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims  ☐ Debts to pension or profit-sharing plans, and other similar debts				
	■ No □ Yes	Other. Specify     Income Tax				
4.7	Landmark Financial Services Nonpriority Creditor's Name	Last 4 digits of account number	\$6,127.00			
	2118 Usher St. Covington, GA 30014	When was the debt incurred? 2016				
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply				
	Who incurred the debt? Check one.					
	Debtor 1 only	☐ Contingent				
	Debtor 2 only	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	☐ Disputed				
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:				
	Check if this claim is for a community debt	☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not				
	Is the claim subject to offset?	report as priority claims				
	■ No	lacksquare Debts to pension or profit-sharing plans, and other similar debts				
	Yes	Other. Specify Loan				

Debtor Debtor	1 Jason Sullivan 2 Andrea Sullivan	Case number (if known)	
4.8	Mid America Bank and Trust	Last 4 digits of account number	\$1,214.00
	Nonpriority Creditor's Name P.O. Box 7009 Overland Park, KS 66207	When was the debt incurred?	
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	☐ Debtor 1 only	Поли	
	Debtor 2 only	☐ Contingent	
	■ Debtor 1 and Debtor 2 only	☐ Unliquidated	
	☐ At least one of the debtors and another	☐ Disputed  Type of NONPRIORITY unsecured claim:	
	_	Student loans	
	■ Check if this claim is for a community debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify     Credit Card	
4.9	Security Credit Services	Last 4 digits of account number	\$1,527.00
	Nonpriority Creditor's Name 306 Enterprise Dr. Oxford, MS 38655	When was the debt incurred? 2016	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	□ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	$\square$ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify Credit Card	
4.1	SYNCB/Care Credit	Last 4 digits of account number	\$1,519.00
	Nonpriority Creditor's Name P.O. Box 965036 Orlando, FL 32896-5036	When was the debt incurred? 2018	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	☐ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	■ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	■ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	□Yes	■ Other Specify Credit Card	
	: <del>- 2</del>	— Outer, openity	

	1 Jason Sullivan 2 Andrea Sullivan	Case number (if known)					
4.1	TD Bank USA/Target	Look 4 digits of cooperators where	\$757.00				
1	Nonpriority Creditor's Name 7000 Target Parkway N. Minneapolis, MN 55445-4301	Last 4 digits of account number  When was the debt incurred? 2015	Ψ/3/.00				
	Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply					
	Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated					
	■ Debtor 1 and Debtor 2 only	□ Disputed					
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	Debts to pension or profit-sharing plans, and other similar debts					
	Yes	Other. Specify Credit Card					
4.1	The Golden 1 Credit Union  Nonpriority Creditor's Name	Last 4 digits of account number	\$774.00				
	P.O. Box 15966 Sacramento, CA 95852	When was the debt incurred? 2016					
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply					
	Who incurred the debt? Check one.						
	☐ Debtor 1 only	☐ Contingent					
	☐ Debtor 2 only	☐ Unliquidated	☐ Unliquidated				
	■ Debtor 1 and Debtor 2 only	□ Disputed					
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:					
	■ Check if this claim is for a community	☐ Student loans					
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims					
	■ No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	lacktriangle Debts to pension or profit-sharing plans, and other similar debts				
	Yes	■ Other. Specify Credit Card					
is tryi have notifi	nis page only if you have others to be notified ing to collect from you for a debt you owe to	about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if someone else, list the original creditor in Parts 1 or 2, then list the collection agency here hat you listed in Parts 1 or 2, list the additional creditors here. If you do not have addition	. Similarly, if you				
	hise Tax Board	Line 4.5 of (Check one):					
c/o Ge P.O. E	Counsel eneral Counsel Section Box 1720, MS A-260 no Cordova, CA 95741-1720	Part 2: Creditors with Nonpriority Unsecured Claim	s				
		Last 4 digits of account number					
	nd Address d States Attorney	On which entry in Part 1 or Part 2 did you list the original creditor?  Line <b>4.6</b> of ( <i>Check one</i> ):					
For In	ternal Revenue Service Street, Suite 10-100	Part 2: Creditors with Nonpriority Unsecured Claims	s				
Sacra	mento, CA 95814	Last 4 digits of account number					
United	nd Address d States Dept of Justice	On which entry in Part 1 or Part 2 did you list the original creditor?  Line 4.6 of (Check one):					
Box 6	Frial Section, West Region 83, Ben Franklin Station ington, DC 20044	Part 2: Creditors with Nonpriority Unsecured Claim	s				
	<b>3</b> · , · · , · · , · · · · · · · · · · ·	Last 4 digits of account number					

Debtor 1	Jason Sullivan		
Debtor 2	Andrea Sullivan	Case number (if known)	
		_	

## Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
T. ( )	6a.	Domestic support obligations	6a.	\$ 0.00
Total claims				
from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6a.	Obligations origing out of a constation agreement or diverse that		
IIOIII Part 2	og.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	Debts to pension or profit-sharing plans, and other similar debts	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 45,744.00
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 45,744.00

Fill in this information to identify your case:				
Debtor 1	Jason Sullivan			
	First Name	Middle Name	Last Name	
Debtor 2	Andrea Sullivan			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Bankruptcy Court for the:		EASTERN DISTRICT C	DF CALIFORNIA	
Case number				
(if known)				

☐ Check if this is an amended filing

## Official Form 106G

# **Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- Do you have any executory contracts or unexpired leases?
  - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Tyes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Name	I	Person or	company with	h whom you have the co	ontract or lease	State what the contract or lease is for
Number	2.1					
City         State         ZIP Code           2.2         Name         Number         Street           City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street		Name				_
Number   Street   S		Number	Street			_
Number   Street		City		State	ZIP Code	_
Number   Street	2.2					
City         State         ZIP Code           2.3         Name         Number         Street           City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street		Name				_
2.3   Name   Street   ZIP Code    2.4   Number   Street   Street		Number	Street			_
2.3   Name   Street   ZIP Code    2.4   Number   Street   Street		City		State	ZIP Code	_
Name   Street   Street   Street   State   ZIP Code   State   ZIP Code   Street   Street   Street   Street   Street   State   ZIP Code   Street   Stre	2.3					
City         State         ZIP Code           2.4         Name         Number         Street           City         State         ZIP Code           2.5         Name         Number         Street		Name				_
2.4 Name Number Street  City State ZIP Code  2.5 Name Number Street		Number	Street			_
2.4 Name Number Street  City State ZIP Code  2.5 Name Number Street		City		State	ZIP Code	_
Number Street  City State ZIP Code  2.5  Name  Number Street	2.4					
City         State         ZIP Code           2.5         Name           Number         Street		Name				
Number Street		Number	Street			
Number Street		City		State	ZIP Code	_
Number Street	2.5					
		Name				_
City State ZIP Code			Street			_
		City		State	ZIP Code	

Fill in thi	is information to identify you	ur case:		
Debtor 1	Jason Sullivan			
	First Name	Middle Name	Last Name	
Debtor 2 (Spouse if, f	7111011001001111101	Middle Name	Last Name	
	tates Bankruptcy Court for the			
		<u> </u>	OALII ORIVIA	
Case nur (if known)	mber			☐ Check if this is an
				amended filing
Officia	al Form 106H			
	dule H: Your Co	dehtors		12/15
00110	dale II. Tour oo	<del>ucbto13</del>		12/13
people ar fill it out,	re filing together, both are ed	qually responsible for supplyine boxes on the left. Attach th	ng correct informati	s complete and accurate as possible. If two married on. If more space is needed, copy the Additional Page of this page. On the top of any Additional Pages, write
1. Do	o you have any codebtors? (	If you are filing a joint case, do	not list either spouse	as a codebtor.
■ No	•			
2 W	ithin the last 8 years, have v	ou lived in a community prop	erty state or territory	/? (Community property states and territories include
		na, Nevada, New Mexico, Puert		
	o. Go to line 3.			
■ Ye	es. Did your spouse, former sp	ouse, or legal equivalent live w	ith you at the time?	
	□ No			
	■ Yes.			
	<b>–</b> 163.			
	In which community st	ate or territory did you live?	-NONE-	. Fill in the name and current address of that person.
	Name of your spouse, former Number, Street, City, State &			
3. In Co	olumn 1. list all of your code	btors. Do not include your sp	ouse as a codebtor	if your spouse is filing with you. List the person show
in lin	ne 2 again as a codebtor onl	y if that person is a guarantor	or cosigner. Make s	sure you have listed the creditor on Schedule D (Officia
	n 106D), Schedule E/F (Offic Column 2.	ial Form 106E/F), or Schedule	G (Official Form 10	6G). Use Schedule D, Schedule E/F, or Schedule G to f
	Column 1: Your codebtor			Column 2: The creditor to whom you owe the debt
	Name, Number, Street, City, State and	ZIP Code		Check all schedules that apply:
3.1				☐ Schedule D, line
<u> </u>	Name			☐ Schedule E/F, line
				☐ Schedule G, line
	Number Street			_
	City	State	ZIP Code	
				<b>D</b> 0.1.1.2."
3.2	Name			Schedule D, line
				☐ Schedule E/F, line
	Number Street			<u> </u>
	City	State	ZIP Code	

Fill in this informat	ion to identify your case:	
Debtor 1	Jason Sullivan	
Debtor 2 (Spouse, if filing)	Andrea Sullivan	
United States Ban	kruptcy Court for the: EASTERN DISTRICT OF CALIFORNIA	
Case number (If known)		Check if this is:  ☐ An amended filing ☐ A supplement showing postpetition chapte
Official Fo	rm 106l	13 income as of the following date:

## Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	tt 1: Describe Employment			
1.	Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
	If you have more than one job,	Empleyment status	■ Employed	■ Employed
	attach a separate page with information about additional	Employment status	☐ Not employed	☐ Not employed
	employers.	Occupation	Painter	Tax Progam Tech II
	Include part-time, seasonal, or self-employed work.	Employer's name	Kniesels Auto Body	State of California
	Occupation may include student or homemaker, if it applies.	Employer's address	1200 Del Paso Rd., #140 Sacramento, CA 95834	300 Capitol Mall Sacramento, CA 95814
		How long employed the	here? 15 yrs	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.

- Estimate and list monthly overtime pay.
- Calculate gross Income. Add line 2 + line 3.

			non	-filing spouse
2.	\$	6,952.35	\$	4,180.00
3.	+\$	0.00	+\$	0.00
4.	\$	6,952.35	\$	4,180.00

For Debtor 2 or

For Debtor 1

**Jason Sullivan** Debtor 1 Debtor 2 Andrea Sullivan Case number (if known) For Debtor 1 For Debtor 2 or non-filing spouse Copy line 4 here 6.952.35 4.180.00 List all payroll deductions: 5a. Tax, Medicare, and Social Security deductions 5a. 593.89 538.38 Mandatory contributions for retirement plans 5b. 5b. \$ 0.00 \$ 293.36 5c. Voluntary contributions for retirement plans 5c. \$ 0.00 \$ 175.00 Required repayments of retirement fund loans 5d. 5d. 0.00 0.00 5e. Insurance 5e. 151.66 393.26 5f. **Domestic support obligations** 5f. \$ 0.00 0.00 5g. **Union dues** 5g. \$ \$ 0.00 189.31 5h. Other deductions. Specify: ARAG Group 5h.+ \$ 0.00 \$ 17.74 **OPEB/CERBT** \$ 0.00 50.16 6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. 6. \$ 745.55 \$ 1,657.21 7. 7. Calculate total monthly take-home pay. Subtract line 6 from line 4. \$ 6,206.80 2,522.79 8. List all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income. 8a. 0.00 0.00 8h. Interest and dividends 8b. 0.00 0.00 Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce 8c. settlement, and property settlement. 0.00 \$ 0.00 **Unemployment compensation** 8d. ЬR \$ 0.00 0.00 **Social Security** 8e. 8e. \$ 0.00 \$ 0.00 8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. 8f. Specify: 0.00 0.00 8g. 8g. Pension or retirement income \$ 0.00 \$ 0.00 8h. Other monthly income. Specify: 8h.+ \$ 0.00 \$ 0.00 Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. 9. 0.00 0.00 Calculate monthly income. Add line 7 + line 9. 10. \$ 6,206.80 \$ \$ 8,729.59 Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. 0.00 Specify: 11. 12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data, if it 8.729.59 12. applies Combined monthly income 13. Do you expect an increase or decrease within the year after you file this form? Yes. Explain: 

Fill	in this informati	ion to identify y	our case:					
Deb	tor 1	Jason Sulliv	an .			Che	ck if this is:	
	-	ouson ouniv	an				An amended filing	
Deb	tor 2	Andrea Sulli	ivan				•	ving postpetition chapter
(Spo	ouse, if filing)						13 expenses as of	the following date:
Linit	od Statos Bankru	intov Court for the	· EASTE	RN DISTRICT OF CALIFC	DNIA		MM / DD / YYYY	
Office	eu States Ballkit	ipicy Court for the	. LASIL	IN DISTRICT OF GALIFC	ZINIA		WIWI / DD / TTTT	
	e number							
(If Ki	nown)							
	fficial Fo							
		J: Your						12/15
info nun	ormation. If months in the mon	ore space is ne n). Answer eve	eded, atta ry questio	If two married people ar ch another sheet to this n.				
Pari	ls this a joint	be Your House	ehold					
١.	□ No. Go to							
			in a sonar	ate household?				
	_		iii a sepai	ate nousenoid:				
	■ No □ Ye		st file Offici	al Form 106J-2, <i>Expense</i> s	for Separate House	hold of Deb	otor 2.	
2.	Do you have	dependents?	□ No					
	Do not list De Debtor 2.	btor 1 and	■ Yes.	Fill out this information for each dependent	Dependent's relati Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state t	he						□ No
	dependents n	names.			Daughter		10	■ Yes
								□ No
					Daughter		14	Yes
								□ No
					Son		27	Yes
								□ No
3.	Do your exp	enses include	_		-			☐ Yes
0.	expenses of	people other t your depende	han 🗖	No Yes				
Par	t 2: Estima	nte Your Ongoi	ing Monthl	y Expenses				
Est	imate your exp	penses as of y	our bankrı	uptcy filing date unless y y is filed. If this is a supp				
the		assistance an		government assistance i luded it on <i>Schedule I:</i> Y			Your expe	enses

 The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$ \_\_\_\_\_\_1,987.00

## If not included in line 4:

- 4a. Real estate taxes
- 4b. Property, homeowner's, or renter's insurance
- 4c. Home maintenance, repair, and upkeep expenses
- 4d. Homeowner's association or condominium dues
- 5. Additional mortgage payments for your residence, such as home equity loans

Debtor Debtor		Case num	nber (if known)	
6. <b>Ut</b>	lities:			
6a	. Electricity, heat, natural gas	6a.	\$	315.00
6b	. Water, sewer, garbage collection	6b.	\$	300.00
6c	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	322.00
6d	Other. Specify:	6d.	\$	0.00
7. <b>Fo</b>	od and housekeeping supplies	7.	\$	1,450.00
8. <b>C</b> l	ildcare and children's education costs	8.	\$	0.00
9. <b>CI</b>	othing, laundry, and dry cleaning	9.	\$	175.00
10. <b>Pe</b>	rsonal care products and services	10.	\$	155.00
11. <b>M</b> e	edical and dental expenses	11.	\$	270.00
	ansportation. Include gas, maintenance, bus or train fare. not include car payments.	12.	\$	650.00
	tertainment, clubs, recreation, newspapers, magazines, and books	13.	·	300.00
	aritable contributions and religious donations	14.	·	250.00
	surance.		Ψ	230.00
	not include insurance deducted from your pay or included in lines 4 or 20.			
	a. Life insurance	15a.	\$	0.00
15	b. Health insurance	15b.	\$	0.00
15	c. Vehicle insurance	15c.	\$	210.00
15	d. Other insurance. Specify:	15d.	\$	0.00
	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16.	\$	0.00
	stallment or lease payments:			
17	a. Car payments for Vehicle 1	17a.	\$	280.00
	b. Car payments for Vehicle 2	17b.	\$	338.00
17	c. Other. Specify: Auto registration	17c.	\$	36.50
17	d. Other. Specify:	17d.	\$	0.00
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18.	\$	0.00
	her payments you make to support others who do not live with you.		\$	0.00
	ecify:	19.	·	0.00
	her real property expenses not included in lines 4 or 5 of this form or on Schee		our Income.	
	a. Mortgages on other property	20a.		0.00
20	b. Real estate taxes	20b.	\$	0.00
20	c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20	d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
	e. Homeowner's association or condominium dues	20e.	\$	0.00
21. <b>O</b> t	her: Specify: Tuition	21.	+\$	1,300.00
22 Ca	lculate your monthly expenses			
	a. Add lines 4 through 21.		\$	8,613.50
	b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2		\$	8,013.30
			l :	0.040.50
22	c. Add line 22a and 22b. The result is your monthly expenses.		\$	8,613.50
23. <b>C</b> a	Iculate your monthly net income.			
23	a. Copy line 12 (your combined monthly income) from Schedule I.	23a.	\$	8,729.59
23	b. Copy your monthly expenses from line 22c above.	23b.	-\$	8,613.50
23	c. Subtract your monthly expenses from your monthly income.	00 -	Φ.	116.09
	The result is your monthly net income.	23c.	\$	110.03
Fo mo	you expect an increase or decrease in your expenses within the year after you example, do you expect to finish paying for your car loan within the year or do you expect your diffication to the terms of your mortgage?			e or decrease because of a
	No.			
	Yes. Explain here:			

Fill in this info	rmation to identify your	case:			
Debtor 1	Jason Sullivan				
	First Name	Middle Name	Las	t Name	_
Debtor 2	Andrea Sullivan				
(Spouse if, filing)	First Name	Middle Name	Las	t Name	_
United States B	ankruptcy Court for the:	EASTERN DISTRICT O	F CALIFOR	NIA	_
Case number (if known)					☐ Check if this is an amended filing
Official For					
<b>Declara</b>	tion About a	ın Individual	Debte	or's Schedule	<b>S</b> 12/15
years, or both.	ey or property by fraud i 18 U.S.C. §§ 152, 1341, 1 gn Below		ruptcy cas	e can result in fines up to \$	250,000, or imprisonment for up to 20
Did you pa	ay or agree to pay some	one who is NOT an attori	ney to help	you fill out bankruptcy for	ms?
■ No					
☐ Yes.	Name of person				ch Bankruptcy Petition Preparer's Notice, aration, and Signature (Official Form 119)
that they a	alty of perjury, I declare re true and correct. son Sullivan n Sullivan	that I have read the sum	•	chedules filed with this dec /s/ Andrea Sullivan Andrea Sullivan	claration and
Signati	ure of Debtor 1			Signature of Debtor 2	

Date June 10, 2019

Date June 10, 2019

Fil	l in this inforn	nation to identify you	r case:							
De	btor 1	Jason Sullivan								
D-	htor 2	First Name	Middle Name	Last Name						
	btor 2 ouse if, filing)	Andrea Sullivan First Name	Middle Name	Last Name						
Un	ited States Ba	nkruptcy Court for the:	EASTERN DISTRICT OF	CALIFORNIA						
Ca	se number									
(if k	nown)					Check if this is an mended filing				
<b>○</b> -	fficial Fa	rno 107								
	fficial Fo atement	-	Affairs for Individ	duals Filing for B	ankruptcy	4/19				
info	ormation. If m		attach a separate sheet to		equally responsible for sup y additional pages, write you					
	<u> </u>	,	arital Status and Where You	Lived Before						
1.	What is you	r current marital statu	ıs?							
	<ul><li>■ Married</li><li>□ Not mar</li></ul>	ried								
2.	During the la	ast 3 years, have you	lived anywhere other than	where you live now?						
	■ No									
	_	Yes. List all of the places you lived in the last 3 years. Do not include where you live now.								
	Debtor 1 Pr	ior Address:	Dates Debtor 1 lived there	Debtor 2 Prior Ac	Idress:	Dates Debtor 2 lived there				
<b>3.</b> stat					ity property state or territory ico, Texas, Washington and W					
	□ No									
	Yes. Ma	ake sure you fill out <i>Scl</i>	hedule H: Your Codebtors (Of	fficial Form 106H).						
Pa	rt 2 Explai	n the Sources of You	r Income							
4.	Fill in the tota	al amount of income yo	nployment or from operatin u received from all jobs and a have income that you receive	all businesses, including part		ndar years?				
	□ No									
	Yes. Fill	I in the details.								
			Debtor 1		Debtor 2					
			Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)				
		of current year until d for bankruptcy:	■ Wages, commissions, bonuses, tips	\$27,179.63	■ Wages, commissions, bonuses, tips	\$11,785.20				
			☐ Operating a business		☐ Operating a business					

	tor 1 tor 2		son Sulliv Idrea Sulli					Ca	se ı	number (if known)		
						of income that apply.	(be	oss income fore deductions and		Debtor 2 Sources of incc Check all that ap		Gross income (before deductions
		■ Wage bonuses,	exclusions) ges, commissions, stips  \$89,153.00					and exclusions) \$36,711.00				
					☐ Opera	iting a business				☐ Operating a b	ousiness	
			■ Wage bonuses,	s, commissions, tips		\$97,683.00		■ Wages, complete Wages, tips	missions,	\$37,322.00		
					☐ Opera	iting a business				☐ Operating a b	ousiness	
	List □	No	source and t	-	Debtor 1	ach source separa		o not include income	tha	t you listed in line  Debtor 2  Sources of ince		Gross income
					Describe		eac (be	th source fore deductions and clusions)		Describe below.	ome	(before deductions and exclusions)
Part	t 3:	Lis	t Certain Pa	yments You	Made Bef	ore You Filed for	Bankr	uptcy				
6.	Are □	<b>eithe</b> No.	Neither De	ebtor 1 nor Dorimarily for a	ebtor 2 ha personal, t	family, or househo	ımer d ld purp	lebts. Consumer del ose."				(8) as "incurred by an
			□ No. □ Yes	Go to line 7 List below e	each credito editor. Do r	or to whom you pai	d a tot	pay any creditor a tot al of \$6,825* or more domestic support obl lkruptcy case.	in e	one or more pay	ments and th	
			* Subject					that for cases filed o	n or	after the date of	adjustment.	
		Yes.				re primarily consured for bankruptcy, di		ebts. pay any creditor a tot	al c	of \$600 or more?		
			No.	Go to line 7								
			□ <sub>Yes</sub>		ments for c	lomestic support o		al of \$600 or more ar ons, such as child su				creditor. Do not nclude payments to an
	Cre	editor'	's Name and	I Address		Dates of payme	ent	Total amount paid		Amount you still owe	Was this p	ayment for

	tor 2 Andrea Sullivan		Cas	se number (if known)						
	Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?  Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.									
	■ No □ Yes. List all payments to an insider.									
	Insider's Name and Address	Dates of payment	Total amount paid	Amount you still owe	Reason for	this payment				
	Within 1 year before you filed for bankruptinsider? Include payments on debts guaranteed or contact.		ments or transfer a	any property on a	eccount of a de	ebt that benefited an				
	■ No									
	☐ Yes. List all payments to an insider  Insider's Name and Address	Dates of payment	Total amount	Amount you		this payment				
			paid	still owe	Include cred	itor's name				
Part	14: Identify Legal Actions, Repossessio	ns, and Foreclosures								
	Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.									
	■ No □ Yes. Fill in the details.									
	Case title Case number	Nature of the case	Court or agency		Status of th	e case				
	Within 1 year before you filed for bankrup Check all that apply and fill in the details belo		erty repossessed, f	oreclosed, garni	shed, attached	I, seized, or levied?				
	<ul><li>No. Go to line 11.</li><li>Yes. Fill in the information below.</li></ul>									
	Creditor Name and Address	Describe the Property		Date		Value of the property				
		Explain what happened	d							
11.	Within 90 days before you filed for bankru accounts or refuse to make a payment bed No	ptcy, did any creditor, inc cause you owed a debt?	luding a bank or fii	nancial institution	n, set off any a	mounts from your				
	Yes. Fill in the details.	Baradha da aadaa da		D. (		<b>A</b>				
	Creditor Name and Address	Describe the action the	e creditor took	takei	action was า	Amount				
	Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a		erty in the possess	ion of an assigne	e for the bene	efit of creditors, a				
	■ No □ Yes									
Part	t 5: List Certain Gifts and Contributions									
13.	Within 2 years before you filed for bankru	ptcy, did you give any gift	s with a total value	of more than \$60	00 per person?	?				
	☐ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$600 per person	Describe the gifts		Date the g	s you gave lifts	Value				
	Person to Whom You Gave the Gift and Address:									

	tor 1 Jason Sullivan tor 2 Andrea Sullivan			Case number (	if known)	
I	Within 2 years before you filed for ba ■ No □ Yes. Fill in the details for each gift		, , , ,	ns with a total	value of more than S	\$600 to any charity?
	Gifts or contributions to charities the more than \$600 Charity's Name Address (Number, Street, City, State and ZIF	at total	Describe what you contributed			
Part	6: List Certain Losses					
	Within 1 year before you filed for bar or gambling?	nkruptcy or	since you filed for bankruptcy, did y	you lose anytl	ning because of thef	t, fire, other disaster
 	■ No □ Yes. Fill in the details.					
	Describe the property you lost and how the loss occurred	Include	ibe any insurance coverage for the least the amount that insurance has paid. In the claims on line 33 of Schedule A/B:	_ist pending	Date of your loss	Value of property lost
Part	7: List Certain Payments or Trans	sfers				
1	Include any attorneys, bankruptcy petit  No  Yes. Fill in the details.  Person Who Was Paid  Address  Email or website address  Person Who Made the Payment, if №		Ps, or credit counseling agencies for services for services.  Description and value of any prop transferred	·	Date payment or transfer was made	Amount of payment
	Law Office of Marc A. Caraska 555 University Ave., Suite 116 Sacramento, CA 95825 mcaraska@caraskalaw.com	ot rou	Attorney Fees		payment pending	\$0.00
ı	Within 1 year before you filed for bar promised to help you deal with your Do not include any payment or transfer	creditors o	or to make payments to your creditor		r transfer any proper	ty to anyone who
 	■ No □ Yes. Fill in the details.					
	Person Who Was Paid Address		Description and value of any prop transferred	erty	Date payment or transfer was made	Amount of payment
t I I	Within 2 years before you filed for be transferred in the ordinary course of Include both outright transfers and transinclude gifts and transfers that you hav  No Yes. Fill in the details.	your busir sfers made	ness or financial affairs? as security (such as the granting of a s		•	
	Person Who Received Transfer Address		Description and value of property transferred	payments	iny property or received or debts	Date transfer was made
	Person's relationship to you			paid in exc	nange	

	otor 1 otor 2	Jason Sullivan Andrea Sullivan				Case num	nber (if known)		
19.	bene =	in 10 years before you filed for bankrup ficiary? (These are often called asset-pro			y property to a	ı self-settle	d trust or similar device	of which you are a	
		Yes. Fill in the details. ne of trust		Description and v	alue of the pro	perty trans	sferred	Date Transfer wa	as
Pai	rt 8:	List of Certain Financial Accounts, In	strum	ents. Safe Deposi	t Boxes, and S	torage Unit	's	made	
	Withi sold, Inclu hous	in 1 year before you filed for bankrupto moved, or transferred? de checking, savings, money market, o es, pension funds, cooperatives, asso No Yes. Fill in the details.	y, we	re any financial ac	counts or instints; certificates	ruments he	eld in your name, or for y		
		ne of Financial Institution and ress (Number, Street, City, State and ZIP )		t 4 digits of ount number	Type of acco instrument	unt or	Date account was closed, sold, moved, or transferred	Last baland before closing transf	or
	Chase P.O. Box 94014 Palatine, IL 60094-4014		□ s □ m □ b		■ Checking □ Savings □ Money Ma □ Brokerage □ Other	□ Savings □ Money Market □ Brokerage		3 \$0.	
21.	cash	ou now have, or did you have within 1 , or other valuables? No Yes. Fill in the details.	year I	pefore you filed for	bankruptcy, a	ny safe de	posit box or other depos	sitory for securities	,
		ne of Financial Institution ress (Number, Street, City, State and ZIP Code)		Who else had acc Address (Number, S State and ZIP Code)		Describe	the contents	Do you still have it?	
22.		you stored property in a storage unit on No Yes. Fill in the details.	or pla	ce other than your	home within 1	year befo	re you filed for bankrupt	cy?	
		ne of Storage Facility ress (Number, Street, City, State and ZIP Code)		Who else has or has to it? Address (Number, State and ZIP Code)		Describe	the contents	Do you still have it?	
<b>Pa</b> 1	for so	Identify Property You Hold or Control ou hold or control any property that so omeone.  No Yes. Fill in the details.			ude any propei	rty you bor	rowed from, are storing	for, or hold in trust	_
		ner's Name ress (Number, Street, City, State and ZIP Code)		Where is the prop (Number, Street, City, S Code)		Describe	the property	Valu	ле

Debtor 1 Jason Sullivan
Debtor 2 Andrea Sullivan

Case number (if known)

Part 10: Give Details About Environmental Information

For the purpose of Part 10, the following definitions apply:

- Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

to own, operate, or utilize it, including disposal sites.						
	<ul> <li>Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.</li> </ul>					
Rep	ort all notices, releases, and proceedings tha	t you know about, regardless of when t	hey occurred.			
24.	Has any governmental unit notified you that	you may be liable or potentially liable u	nder or in violation of an environme	ental law?		
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
25.	Have you notified any governmental unit of a	ny release of hazardous material?				
	■ No □ Yes. Fill in the details.					
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice		
26.	Have you been a party in any judicial or adm	inistrative proceeding under any enviro	onmental law? Include settlements a	and orders.		
	■ No □ Yes. Fill in the details.					
	Case Title Case Number	Court or agency Name Address (Number, Street, City, State and ZIP Code)	Nature of the case	Status of the case		
Par	t 11: Give Details About Your Business or C	Connections to Any Business				
27.	Within 4 years before you filed for bankrupto	y, did you own a business or have any	of the following connections to any	business?		
	☐ A sole proprietor or self-employed in	a trade, profession, or other activity, e	ither full-time or part-time			
	☐ A member of a limited liability compa	nny (LLC) or limited liability partnership	(LLP)			
	☐ A partner in a partnership					
	☐ An officer, director, or managing exe	cutive of a corporation				
	☐ An owner of at least 5% of the voting	or equity securities of a corporation				
	No. None of the above applies. Go to Pa	art 12.				
	☐ Yes. Check all that apply above and fill	in the details below for each business.				
	Business Name Address (Number, Street, City, State and ZIP Code)	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.			
	(Hamber, Street, Sity, State and En Sode)	Name of accountant or bookkeeper	Dates business existed			

Debtor 1 Debtor 2	Jason Sullivan Andrea Sullivan			Case number (if known)
	in 2 years before you filed for bankrup tutions, creditors, or other parties.	otcy, did you give	a financial statement to	anyone about your business? Include all financial
_	No Yes. Fill in the details below.			
	ne Iress ber, Street, City, State and ZIP Code)	Date Issued		
Part 12:	Sign Below			
18 U.S.C.	nkruptcy case can result in fines up to §§ 152, 1341, 1519, and 3571. n Sullivan Sullivan	/s/ An	orisonment for up to 20 y drea Sullivan ea Sullivan	ears, or both.
Signatur	e of Debtor 1	Signature of Debtor 2		
Date _J	une 10, 2019	Date	June 10, 2019	
Did you a ■ No □ Yes	ttach additional pages to Your Statem	ent of Financial A	Affairs for Individuals Fill	ing for Bankruptcy (Official Form 107)?
Did you p  ■ No	ay or agree to pay someone who is no	ot an attorney to	nelp you fill out bankrupt	cy forms?
☐ Yes. Na	ame of Person Attach the Bankr	uptcy Petition Prep	parer's Notice, Declaration	and Signature (Official Form 119).

Fill in this infor				
Debtor 1	Jason Sullivan			
	First Name	Middle Name	Last Name	
Debtor 2	Andrea Sullivan			
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	EASTERN DISTRICT O	PF CALIFORNIA	
Case number (if known)				☐ Check if this is an

#### Official Form 108

## Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Honda Financial Services name:  Description of property 2016 Honda Accourd 30000 miles	<ul> <li>☐ Surrender the property.</li> <li>☐ Retain the property and redeem it.</li> <li>☐ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> </ul>	□ No ■ Yes
securing debt:	retain and pay per contract	
Creditor's Nationstar Mortgage name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of property Sacramento, CA 95826 Sacramento County	<ul> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]: retain and pay per contract</li> </ul>	■ Yes
name:  Description of property Sacramento, CA 95826 Sacramento County	<ul> <li>□ Retain the property and redeem it.</li> <li>□ Retain the property and enter into a Reaffirmation Agreement.</li> <li>■ Retain the property and [explain]:</li> </ul>	

#### Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

Debtor 1 Jason Sullivan Debtor 2 Andrea Sullivan	Case number (if known)
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No □ Yes
Lessor's name: Description of leased Property:	□ No
Part 3: Sign Below	
Under penalty of perjury, I declare that I have indicated my intentio property that is subject to an unexpired lease.	n about any property of my estate that secures a debt and any personal
X /s/ Jason Sullivan Jason Sullivan Signature of Debtor 1	X /s/ Andrea Sullivan Andrea Sullivan Signature of Debtor 2
Date June 10, 2019	Date June 10, 2019

E01 :	n thin infor	mation to identify your appar								
FIII II	n unis inion	mation to identify your case:				ieck one 2A-1Sup		lirected	in this form and	in Form
Deb	tor 1	Jason Sullivan				2A-13up	J.			
	tor 2	Andrea Sullivan				□ 1. The	ere is no pres	umptior	n of abuse	
		Bankruptcy Court for the: Eastern District of	f Califo	ornia		ар	plies will be r	nade ur	nder Chapter 7	nption of abuse Means Test
Cas	e number					Cá	lculation (Off	icial Fo	rm 122A-2).	
(if kno									ot apply now be e but it could ap	
						☐ Chec	k if this is a	ın ame	nded filina	
Off	icial F	orm 122A - 1							3	
					.41.1					
Ch	apter	7 Statement of Your Cu	rren	ioW tr	nthly inc	ome				12/15
attacl case	h a separate number (if I fying militar	and accurate as possible. If two married people e sheet to this form. Include the line number to known). If you believe that you are exempted from y service, complete and file Statement of Exemple Iculate Your Current Monthly Income	which thom a pre	he additior esumption	nal information a of abuse becau	applies. C ise you d	n the top of a not have pri	ny addit marily co	ional pages, writ onsumer debts o	e your name and r because of
1.	What is y	our marital and filing status? Check one of	nly.							
	☐ Not ma	arried. Fill out Column A, lines 2-11.								
	■ Marrie	d and your spouse is filing with you. Fill o	ut both	n Columns	A and B, lines	2-11.				
	☐ Marrie	d and your spouse is NOT filing with you	You a	nd your s	spouse are:					
	☐ Livi	ng in the same household and are not leg	ally se	parated.	Fill out both Co	lumns A	and B, lines	2-11.		
	per	ng separately or are legally separated. Fill alty of perjury that you and your spouse are ag apart for reasons that do not include evad	legally	separated	d under nonban	kruptcy l	aw that appli	es or th		
10 th	01(10A). For e 6 months,	rage monthly income that you received from al example, if you are filing on September 15, the 6- add the income for all 6 months and divide the tota the same rental property, put the income from that	month pe al by 6. F	eriod would Fill in the re	be March 1 throi sult. Do not includ	ugh Augus de any inc	st 31. If the amo	ount of your	our monthly incom once. For examp	ne varied during le, if both
						Column Debtor		Debt	mn B or 2 or filing spouse	
2.	Your gros	ss wages, salary, tips, bonuses, overtime ductions).	and c	ommissio	ons (before all	\$	6,794.00	\$	2,687.00	
3.		and maintenance payments. Do not include is filled in.	paym	ents from	a spouse if	\$	0.00	\$	0.00	
4.	of you or from an u and room	nts from any source which are regularly pyour dependents, including child suppornmarried partner, members of your househo mates. Include regular contributions from a so not include payments you listed on line 3.	<b>t.</b> Includ d, your	de regular r depende	contributions nts, parents,	\$	0.00	\$	0.00	
5.		ne from operating a business, profession	or far	m						
		. 2			otor 1					
	Gross rec	eipts (before all deductions)	\$	0.00						
		and necessary operating expenses	-\$	0.00						
	•	nly income from a business, profession, or fa	rm \$	0.00	Copy here ->	\$	0.00	\$	0.00	
6.		ne from rental and other real property							_	
				Deb	otor 1					
	Gross rec	eipts (before all deductions)	\$	0.00						
		and necessary operating expenses	<b>-</b> \$	0.00						

0.00 Copy here -> \$

\$

0.00

0.00

\$

\$

7. Interest, dividends, and royalties

Net monthly income from rental or other real property

0.00

0.00

Jason Sullivan Debtor 1 **Andrea Sullivan** Debtor 2 Case number (if known) Column A Column B Debtor 2 or Debtor 1 non-filing spouse 0.00 8. Unemployment compensation 0.00 Do not enter the amount if you contend that the amount received was a benefit under the Social Security Act. Instead, list it here: For you 0.00 For your spouse 0.00 9. Pension or retirement income. Do not include any amount received that was a 0.00 0.00 benefit under the Social Security Act. 10. Income from all other sources not listed above. Specify the source and amount. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total below. 0.00 0.00 0.00 0.00 Total amounts from separate pages, if any. 0.00 \$ 0.00 11. Calculate your total current monthly income. Add lines 2 through 10 for 6,794.00 \$ 2,687.00 \$ 9,481.00 each column. Then add the total for Column A to the total for Column B. Total current monthly Part 2: **Determine Whether the Means Test Applies to You** 12. Calculate your current monthly income for the year. Follow these steps: 12a. Copy your total current monthly income from line 11 Copy line 11 here=> 9,481.00 Multiply by 12 (the number of months in a year) x 12 113,772.00 12b. The result is your annual income for this part of the form 12b. 13. Calculate the median family income that applies to you. Follow these steps: CA Fill in the state in which you live. Fill in the number of people in your household. Fill in the median family income for your state and size of household. 105,813.00 13. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 14. How do the lines compare? Line 12b is less than or equal to line 13. On the top of page 1, check box 1, There is no presumption of abuse. 14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2. Part 3: Sian Below By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct. X /s/ Jason Sullivan X /s/ Andrea Sullivan Jason Sullivan Andrea Sullivan Signature of Debtor 1 Signature of Debtor 2 Date June 10, 2019 Date June 10, 2019

MM / DD / YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.

MM / DD / YYYY

Fill in this information to identify your case:				
Debtor 1 Jason Sullivan				
Debtor 2 Andrea Sullivan				
(Spouse, if filing)  United States Bankruptcy Court for the: Eastern District of California				
Case number(if known)				

Check the appropriate box as directed in lines 40 or 42:
According to the calculations required by this

Statement:

- 1. There is no presumption of abuse.
- ☐ 2. There is a presumption of abuse.
- ☐ Check if this is an amended filing

### Official Form 122A - 2

# **Chapter 7 Means Test Calculation**

04/19

To fill out this form, you will need your completed copy of Chapter 7 Statement of Your Current Monthly Income (Official Form 122A-1).

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form, Include the line number to which additional information applies. On the top any additional pages, write your name and case number (if known).

Par	Tt 1: Determine Your Adjusted Income				
1.	Copy your total current monthly income.	Copy line 11 f	rom Official Form 122A-1 here	=>\$	9,481.00
2.	Did you fill out Column B in Part 1 of Form  ☐ No. Fill in \$0 for the total on line 3.  ☐ Yes. Is your spouse Filing with you?  ☐ No. Go to line 3.  ☐ Yes. Fill in \$0 for the total on line 3				
3.	Adjust your current monthly income by su household expenses of you or your dependence.  On line 11, Column B of Form 122A–1, was a expenses of you or your dependents?  No. Fill in 0 for the total on line 3.  Yes. Fill in the information below:	ndents. Follow these steps:			the household
	State each purpose for which the in For example, the income is used to pa support other than you or your depend	y your spouse's tax debt or to	Fill in the amount you are subtracting from your spouse's income		
	Total.		\$ \$ \$		
4.	Adjust your current monthly income. Sub	otract line 3 from line 1.	Copy to	otal here=>	\$ 0.00 \$ 9,481.00

Filed 06/11/19 Case 19-23716 Doc 1

Debtor :				Case number (	(if known)		
Part 2	Calculate Your Deductions from Your Income						
to a	e Internal Revenue Service (IRS) issues National and I answer the questions in lines 6-15. To find the IRS sta tructions for this form. This information may also be a	ndards, g	o online us	sing the link speci	fied in the separate	mounts	
you	duct the expense amounts set out in lines 6-15 regardless ir actual expenses if they are higher than the standards. Do ome in line 3 and do not deduct any operating expenses t	o not ded	uct any amo	ounts that you subtr	acted fro your spouse	e's	
If y	our expenses differ from month to month, enter the average	ge expens	e.				
Wh	nenever this part of the from refers to you, it means both you	ou and you	ur spouse if	Column B of Form	122A-1 is filled in.		
5. The number of people used in determining your deductions from income							
	Fill in the number of people who could be claimed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support. This number may be different from the number of people in your household.						
Nat	tional Standards You must use the IRS National	al Standard	ds to answe	r the questions in lir	nes 6-7.		
6.	Food, clothing, and other items: Using the number of Standards, fill in the dollar amount for food, clothing, an			n line 5 and the IRS	National	<b>.</b>	2,206.00
7.	Out-of-pocket health care allowance: Using the number the dollar amount for out-of-pocket health care. The number people who are 65 or olderbecause older people have higher than this IRS amount, you may deduct the additional transfer of the second seco	mber of pe a higher I	ople is split RS allowan	into two categories ce for health care c	people who are und	er 65 and	Э
Ped	ople who are under 65 years of age						
	7a. Out-of-pocket health care allowance per person	\$	55.00				
	7b. Number of people who are under 65	x	5_				
	7c. <b>Subtotal.</b> Multiply line 7a by line 7b.	\$	275.00	Copy here=	> \$275.00	<u> </u>	
Ped	ople who are 65 years of age or older						
	7d. Out-of-pocket health care allowance per person	\$	114.00				
	7e. Number of people who are 65 or older	X	0				
	7f. <b>Subtotal.</b> Multiply line 7d by line 7e.	\$	0.00	Copy here=	> +\$	<u>)                                    </u>	
	7g. Total. Add line 7c and line 7f			275.00	Copy total here	\$	275.00

Debtor 1 Jason Sullivan
Debtor 2 Andrea Sullivan

Case number (if known)

Local Standards You must use the IRS Local Standards to answer the questions in lines 8-15.

Based on information from the IRS, the U.S. Trustee Program has divided the IRS Local Standard for housing for bankruptcy purposes into two parts:

- Housing and utilities Insurance and operating expenses
- Housing and utilities Mortgage or rent expenses

To answer the questions in lines 8-9, use the U.S. Trustee Program chart.

To find the chart, go online using the link specified in the separate instructions for this form. This chart may also be available at the bankruptcy clerk's office.

- 9. Housing and utilities Mortgage or rent expenses:

  - 9b. Total average monthly payment for all mortgages and other debts secured by your home.

To calculate the total average monthly payment, add all amounts that are contractually due to each secured creditor in the 60 months after you file for bankruptcy. Then divide by 60.

Name of the creditor	Average monthly payment			
Nationstar Mortgage	\$ 1,904.00			

Total average monthly payment	\$	1,904.00	Copy here=>	-\$	1,904.00	Repeat this amount on line 33a.
rotal arolago monthly paymon	•	,		•	,	iine ssa.

9c. Net mortgage or rent expense.

Subtract line 9b (total average monthly payment) from line 9a (mortgage	•	0.00	Сору	0.00
or rent expense). If this amount is less than \$0, enter \$0	\$	0.00	here=> \$	0.00

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

Explain why:

- 11. Local transportation expenses: Check the number of vehicles for which you claim an ownership or operating expense.
  - ☐ 0. Go to line 14.
  - ☐ 1. Go to line 12.
  - 2 or more. Go to line 12.
- 12. **Vehicle operation expense:** Using the IRS Local Standards and the number of vehicles for which you claim the operating expenses, fill in the *Operating Costs* that apply for your Census region or metropolitan statistical area. \$

Jason Sullivan Debtor 1 **Andrea Sullivan** Debtor 2 Case number (if known) Vehicle ownership or lease expense: Using the IRS Local Standards, calculate the net ownership or lease expense for each vehicle below. You may not claim the expense if you do not make any loan or lease payments on the vehicle. In addition, you may not claim the expense for more than two vehicles. Vehicle 1 Describe Vehicle 1: 2016 Honda Accourd 30000 miles 13a. Ownership or leasing costs using IRS Local Standard..... 508.00 13b. Average monthly payment for all debts secured by Vehicle 1. Do not include costs for leased vehicles. To calculate the average monthly payment here and on line 13e, add all amounts that are contractually due to each secured creditor in the 60 months after you filed for bankruptcy. Then divide by 60. Name of each creditor for Vehicle 1 Average monthly payment **Honda Financial Services** 337.83 Repeat this Сору **Total Average Monthly Payment** 337.83 337.83 here => line 33h Copy net 13c. Net Vehicle 1 ownership or lease expense Vehicle 1 Subtract line 13b from line 13a, if this amount is less than \$0, enter \$0, expense 170.17 170.17 \$ here => \$ Vehicle 2 **Describe Vehicle 2:** 2016 Honda Accord 40000 miles 13d. Ownership or leasing costs using IRS Local Standard..... 508.00 13e. Average monthly payment for all debts secured by Vehicle 2. Do not include costs for leased vehicles. Name of each creditor for Vehicle 2 Average monthly payment **Honda Financial Services** 276.94 Copy Repeat this here amount on line 33c. **Total Average Monthly Payment** 276.94 276.94 13f. Net Vehicle 2 ownership or lease expense Copy net Vehicle 2 Subtract line 13e from line 13d. if this amount is less than \$0, enter \$0. ..... expense 231.06 231.06 here => \$ 14. Public transportation expense: If you claimed 0 vehicles in line 11, using the IRS Local Standards, fill in the Public 0.00 Transportation expense allowance regardless of whether you use public transportation.

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may

0.00

not claim more than the IRS Local Standard for Public Transportation.

Debtor 1 Debtor 2 Andrea Sullivan Case number (if known)

Oth	· ·	n addition to the expense deductions listed above, you are allowed your monthly expenses ne following IRS categories.	for	
16.	self-employment taxes, social your pay for these taxes. How	ount that you will actually owe for federal, state and local taxes, such as income taxes, I security taxes, and Medicare taxes. You may include the monthly amount withheld from vever, if you expect to receive a tax refund, you must divide the expected refund by 12 in the total monthly amount that is withheld to pay for taxes.		4.404.00
	Do not include real estate, sa	les, or use taxes.	\$	1,104.00
17.	<b>Involuntary deductions:</b> The contributions, union dues, and	e total monthly payroll deductions that your job requires, such as retirement d uniform costs.		
	Do not include amounts that a	are not required by your job, such as voluntary 401(k) contributions or payroll savings.	\$	197.82
18.	filing together, include payme	inthly premiums that you pay for your own term life insurance. If two married people are ents that you make for your spouse's term life insurance. Do not include premiums for life is, for a non-filing spouse's life insurance, or for any form of life insurance other than	\$	44.46
19.		he total monthly amount that you pay as required by the order of a court or as spousal or child support payments.		
	Do not include payments on p	past due obligations for spousal or child support. You will list these obligations in line 35.	\$	0.00
20.	Education: The total monthly	amount that you pay for education that is either required:		
	as a condition for your job,	, or		
	for your physically or ment	tally challenged dependent child if no public education is available for similar services.	\$	0.00
21.	Childcare: The total monthly	amount that you pay for childcare, such as babysitting, daycare, nursery, and preschool.		
	Do not include payments for a	any elementary or secondary school education.	\$	0.00
22.	that is required for the health	enses, excluding insurance costs: The monthly amount that you pay for health care and welfare of you or your dependents and that is not reimbursed by insurance or paid Include only the amount that is more than the total entered in line 7.		0.00
	Payments for health insurance	e or health savings accounts should be listed only in line 25.	\$	0.00
23.	for you and your dependents,	<b>ephone services:</b> The total monthly amount that you pay for telecommunication services such as pagers, call waiting, caller identification, special long distance, or business cell necessary for your health and welfare or that of your dependents or for the production of by your employer.		
		pasic home telephone, internet and cell phone service. Do not include self-employment orted on line 5 of Official Form 122A-1, or any amount you previously deducted.	+\$	100.00
24.	Add all of the expenses allowed Add lines 6 through 23.	owed under the IRS expense allowances.	\$	5,411.51

Debtor 1 Debtor 2 Deb

Add	itional	Expense Deductions	These are additional of	deduction	ns allowed by the	he Means Test.		
			Note: Do not include a	any expe	ense allowances	s listed in lines 6-24.		
25.	insura					nses. The monthly expenses for health oly necessary for yourself, your spouse, o	or	
	Health	insurance		\$	652.39			
	Disabi	lity insurance		\$	0.00			
	Health	savings account		+\$	0.00			
	Total			\$	652.39	Copy total here=>	\$	652.39
	Do yo	u actually spend this total	amount?					
		No. How much do you a	ctually spend?					
		Yes	, ,	\$				
26.	contin your h	ue to pay for the reasonab	ole and necessary care our immediate family wh	and sup	port of an elder able to pay for s	e actual monthly expenses that you will rly, chronically ill, or disabled member of such expenses. These expenses may 29A(b).	\$	0.00
27.						enses that you incur to maintain the ces Act or other federal laws that apply.		
	By law	, the court must keep the	nature of these expens	es confi	dential.		\$	35.00
28.	Additi		. Your home energy co	sts are i	ncluded in you	r insurance and operating expenses on		
		believe that you have hom n fill in the excess amount		e more th	han the home e	energy costs included in expenses on line	)	
		oust give your case trusteent claimed is reasonable a		r actual e	expenses, and	you must show that the additional	\$	0.00
29.	\$170.8		for your dependent chi			e monthly expenses (not more than than 18 years old to attend a private or		
		oust give your case trustee and is reasonable and neces				you must explain why the amount 23.		
	* Subj	ect to adjustment on 4/01/	22, and every 3 years	after that	t for cases begu	un on or after the date of adjustment.	\$	340.06
30.	higher		and clothing allowances	in the If	RS National Sta	actual food and clothing expenses are andards. That amount cannot be more		
		d a chart showing the max ctions for this form. This ch				e link specified in the separate erk's office.		
	You m	ust show that the addition	al amount claimed is re	easonabl	le and necessa	ry.	\$	74.00
31.		nuing charitable contributed to a religious or cha				ontribute in the form of cash or financial	+\$	250.00
32.		II of the additional expenses 25 through 31.	nse deductions.				\$	1,351.45

Debtor 1	Jason Sullivan		
Debtor 1 Debtor 2	Andrea Sullivan	Case number (if known)	

	uctions for Debt Payment											
	For debts that are secured by an into				g home r	nortga	ages, vel	hicle				
	o calculate the total average monthly reditor in the 60 months after you file				ctually due	to ea	ch secur	ed				
	Mortgages on your home:									verage ayment	monthly	
33a.	Copy line 9b here								=> \$		1,904.0	0
	Loans on your first two vehicles											
33b.	Copy line 13b here							:	=> \$		337.8	3_
33c.	Copy line 13e here								=> \$		276.9	4
33d.	List other secured debts:											
Name	e of each creditor for other secured debt	t	Identify property	y that secures the d	ebt			payment le taxes ince?				
								No				
	-NONE-							Yes	\$			
									Ť			_
								No				
								Yes	\$			_
								No				
							_	Yes	. 0			
					Г			168	+\$ ¬			_
									Сору			
33e.	Total average monthly payment. Ad-	d lines	33a through 33d			\$	2,51	8.77	total	. \$	2,518.	77
33e.	Total average monthly payment. Add	d lines	33a through 33d			\$	2,51	8.77		. \$_	2,518.	77
34. <b>A</b>	Are any debts that you listed in line	33 sec	ured by your pr	imary residence,			2,51	8.77	total	. \$_	2,518.	77
34. <b>A</b>	Are any debts that you listed in line or other property necessary for you	33 sec	ured by your pr	imary residence,			2,51	8.77	total	. \$_	2,518.	77
34. <b>A</b> OI	Are any debts that you listed in line	33 sec r suppo nust pay session	cured by your proort or the support  y to a creditor, in a figure of your property	imary residence, ort of your depend addition to the pa	dents?  yments		2,51	8.77	total	. \$_	2,518.	77
34. <b>A</b> or	Are any debts that you listed in line or other property necessary for your  No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible.	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your depend addition to the pa	dents?  yments		Total cur		total	Mon	thly cure	77
34. A oi ■ □	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the of the creditor	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your dependence addition to the pay (called the cure a	dents?  yments		ŕ	e	total here=>	Mon	thly cure	77
34. A oi ■ □	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the state of the sta	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your dependence addition to the pay (called the cure a	dents?  yments		Total cur	e	total	Mon	thly cure	77
34. A oi ■ □	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the of the creditor	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your dependence addition to the pay (called the cure a	dents?  yments		Total cur	e	total here=>	Mon	thly cure	77
34. A oi ■ □	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the of the creditor	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your dependence addition to the pay (called the cure a	dents?  yments  mount).	, \$	Total cur amount	e	total here=>	Mon	thly cure unt	
34. A oi ■ □	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the of the creditor	33 sec r suppo nust pay session the info	cured by your proof or the support of the support o	imary residence, ort of your dependence addition to the pay (called the cure a	dents?  yments	, \$	Total cur amount	e	total here=>  ÷ 60 = \$  Copy	Mon	thly cure unt	0.0
34. A or	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you misted in line 33, to keep possible Next, divide by 60 and fill in the of the creditor	33 sec r support session the info	cured by your proof of the support of the support of your property ormation below.  entify property that priority tax, child	imary residence, ort of your dependence addition to the particular the cure at secures the debt	dents?  yments  mount).	\$	Total cur amount	e	total here=>	Mon	thly cure unt	
34. A or	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you make its line 33, to keep posson Next, divide by 60 and fill in the of the creditor  ONE-  Do you owe any priority claims such that you make its line and the creditor.	33 sec r support session the info	cured by your proof of the support of the support of your property ormation below.  entify property that priority tax, child	imary residence, ort of your dependence addition to the particular the cure at secures the debt	dents?  yments  mount).	\$	Total cur amount	e	total here=>	Mon	thly cure unt	
Nam-NO	Are any debts that you listed in line or other property necessary for your No. Go to line 35.  Yes. State any amount that you make its line 33, to keep posson Next, divide by 60 and fill in the of the creditor  ONE-  Do you owe any priority claims such the past due as of the filing date of your own and the filing dat	33 secr support	eured by your proport or the support or the support of your property ormation below.  entify property that priority tax, child ankruptcy case?	imary residence, ort of your dependence, addition to the para (called the cure and secures the debt of support, or alimonal of 11 U.S.C. § 507.	yments mount).  Total	\$	Total cur amount	e	total here=>	Mon	thly cure unt	

Debtor 1 Debtor 2		on Sullivan rea Sullivan		Case	number	(if known)			
Fo	or more	eligible to file a case under Chapter 13? 11 U.S.C. § 1 information, go online using the link for <i>Bankruptcy Basi</i> ns for this form. <i>Bankruptcy Basics</i> may also be available	cs specified			<b>)</b> .			
	l No.	Go to line 37.							
_	Yes.	Fill in the following information.							
		Projected monthly plan payment if you were filing under	Chapter 13	9	\$	750.	.00		
		Current multiplier for your district as stated on the list is Administrative Office of the United States Courts (for diand North Carolina) or by the Executive Office for Unite (for all other districts).	stricts in Alal	stees	ζ	8.00			
		To find a list of district multipliers that includes your dist the link specified in the separate instructions for this for be available at the bankruptcy clerk's office.					Сору	total	
		Average monthly administrative expense if you were fill	ng under Ch	apter 13	\$	60.00		=> \$	60.00
i .		of the deductions for debt payment. es 33e through 36.						\$	2,578.77
Total	Deduc	tions from Income							
38. <b>A</b> c	dd all c	of the allowed deductions.							
		ne 24, All of the expenses allowed under IRS e allowances	\$	5,411.51	_				
_ c	Copy lir	ne 32, All of the additional expense deductions	\$	1,351.45	_				
C	Copy lin	ne 37, All of the deductions for debt payment	+\$	2,578.77	-				
		Total deductions	\$	9,341.73	Co	py total he	re=>	·	9,341.73
Part 3:	Det	termine Whether There is a Presumption of Abuse							
39. <b>C</b> a	alculat	e monthly disposable income for 60 months							
3	89a. Co	py line 4, adjusted current monthly income	\$	9,481.00	_				
3	89b. Co	py line 38, Total deductions	-\$	9,341.73					
3		onthly disposable income. 11 U.S.C. § 707(b)(2). btract line 39b from line 39a	\$	139.27	Co	ppy re=>\$		139.27	
F	or the	next 60 months (5 years)					x 60		
3	39d. <b>To</b>	tal. Multiply line 39c by 60	39d.	\$	8,356	ドラロー	opy ere=>	\$	8,356.20
40. <b>Fi</b> i	nd out	whether there is a presumption of abuse. Check the	box that app	lies:					
	The I	ine 39d is less than \$8,175*. On the top of page 1 of the	s form, chec	k box 1, The	re is no	o presump	tion of abo	use. Go to	Part 5.
		ine 39d is more than \$13,650*. On the top of page 1 of 4 if you claim special circumstances. Go to Part 5.	this form, ch	eck box 2, Ti	here is	a presum	ption of al	<i>buse.</i> You	may fill out
-	The I	ine 39d is at least \$8,175*, but not more than \$13,650	*. Go to line	41.					
*8	Subject	to adjustment on 4/01/22, and every 3 years after that fo	r cases filed	on or after th	e date	of adjustn	nent.		

Jason Sullivan

otor 1 otor 2		on Sullivan rea Sullivan	Cas	se number	(if known)		
41.	41a.	Fill in the amount of your total nonpriority unsecured debt. If A Summary of Your Assets and Liabilities and Certain Statistical Schedules (Official Form 106Sum), you may refer to line 3b on the	Information	\$x	<b>46,071.32</b> .25	2	
	41b.	25% or your total nonpriority unsecured debt. 11 U.S.C. § 707	7(b)(2)(A)(i)(I)	\$	11,517.83	Copy here=>	. \$ 11,517.8
		Multiply line 41a by 0.25					
25	% of y	ne whether the income you have left over after subtracting all our unsecured, nonpriority debt. e box that applies:	allowed dedu	ctions i	s enough to	pay	
		<b>39d is less than line 41b.</b> On the top of page 1 of this form, check part 5.	k box 1, <i>There</i>	is no pr	esumption of	f abuse.	
	Line presu	<b>39d is equal to or more than line 41b.</b> On the top of page 1 of th <i>umption of abuse.</i> You may fill out Part 4 if you claim special circum	nis form, check nstances. Ther	box 2, in go to F	There is a Part 5.		
rt 4:	Giv	re Details About Special Circumstances					
		ve any special circumstances that justify additional expenses e alternative? 11 U.S.C. § 707(b)(2)(B).	or adjustmen	ts of cu	rrent month	lly income	for which there i
reas	onable  No. Go  'es. Fill  ite  You		e monthly expe	ense or i «penses	ncome adjus	stment for e	each
reas	onable  No. Go  Yes. Fill ite  You ne ad	e alternative? 11 U.S.C. § 707(b)(2)(B).  I in the following information. All figures should reflect your averagem. You may include expenses you listed in line 25.  The most give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee doc	e monthly expe at make the ex cumentation of	ense or i	ncome adjus	ense	each
reas	onable  No. Go  'es. Fill  ite  You  ne  ad  G	e alternative? 11 U.S.C. § 707(b)(2)(B).  to to Part 5.  I in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee docupation.	e monthly experience at make the excumentation of	ense or i	ncome adjus or income ad tual expense	ense	each
reas	onable  No. Go  'es. Fill  ite  You  ne  ad  G	e alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  If in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  Sive a detailed explanation of the special circumstances	e monthly experience at make the excumentation of	ense or i openses your ac openses your ac income	ncome adjus or income ad tual expense	djustment for eddjustments or income	each
reas	onable  No. Go  'es. Fill  ite  You  ne  ad  G	e alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  If in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  Sive a detailed explanation of the special circumstances	e monthly experience at make the excumentation of	ense or income	ncome adjus or income ad tual expense	djustment for eddjustments or income	each
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reas	onable  No. Go  'es. Fill ite  You  ne  ad  G	a alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  It in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  The property of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  The property of the special circumstances the cessary and reasonable and the special circumstances of the special circumstances.  The property of the special circumstances and the special circumstances are allowed to the special circumstances.	e monthly experience at make the excumentation of	ense or income	ncome adjus or income ad tual expense	djustment for eddjustments or income	each
reas:	onable  No. Go  Yes. Fill  itel  You  ne  ad  G  Sig	a alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  If in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For in must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  Five a detailed explanation of the special circumstances  Add'I allowance for older vehicle	e monthly experience at make the excumentation of Avor	rerage rincome	ncome adjusting or income actual expense nonthly expense adjustment 20	djustments sor income	each
reass	onable  No. Go  /es. Fill ite  You  ne  ad  G  Sig  By sig	a alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  It in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  Five a detailed explanation of the special circumstances  Add'I allowance for older vehicle  In Below  In Below  In Below  In In In In Information of Information Information of Information Information Information Information Info	e monthly experience at make the excumentation of a commentation o	rerage rincome	or income adjustual expense adjustment 20	djustments sor income	each
reass	onable No. Go  /es. Fill ite  You ne ad  Sig  By sig  X /s/ Ja	a alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  It in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  For must give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee documents.  Five a detailed explanation of the special circumstances  Add'I allowance for older vehicle  In Below  In Below  In give a declare under penalty of perjury that the information of the special circumstances  In Jason Sullivan  In Sullivan	e monthly experience at make the excumentation of a commentation o	rerage rincome	or income adjustual expense adjustment 20	djustments sor income	each
reass	onable  No. Go  'es. Fill itel  Young  A  Sig  By sig  X /s/ Ja  Sig	a alternative? 11 U.S.C. § 707(b)(2)(B).  To to Part 5.  If in the following information. All figures should reflect your average m. You may include expenses you listed in line 25.  The unust give a detailed explanation of the special circumstances the cessary and reasonable. You must also give your case trustee doc justments.  The initial provided in the special circumstances are detailed explanation of the special circumstances  The initial provided in the information of the special circumstances are detailed explanation of the special circumstances  The initial provided in the information of the special circumstances are detailed explanation of the special circumstances  The initial provided in the information of the special circumstances are detailed explanation of the special circumstances  The initial provided in the initial pro	e monthly experience of the excumentation of the ex	ense or income  rerage reincome  cent and income  cent an	or income adjustual expense adjustment 20	djustments sor income	each

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

#### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

# The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapter 7:	Liquidation
\$245	filing fee
\$75	administrative fee
+ \$15	trustee surcharge
\$335	total fee

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

#### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

# Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
·	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

#### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

# Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Eastern District of California

In	Jason Sullivan re Andrea Sullivan		Case No.		
	Allarda Gallivan	Debtor(s)	Chapter	7	
	DISCLOSURE OF COMPEN	SATION OF ATTORNE	Y FOR DE	CBTOR(S)	
1.	Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation of	of the petition in bankruptcy, or ag	reed to be paid	to me, for services rende	red or to
	For legal services, I have agreed to accept		\$	1,000.00	
	Prior to the filing of this statement I have received		\$	0.00	
	Balance Due		\$	1,000.00	
2.	The source of the compensation paid to me was:				
	■ Debtor □ Other (specify):				
3.	The source of compensation to be paid to me is:				
	☐ Debtor ☐ Other (specify): Prepaid	legal insurance			
4.	■ I have not agreed to share the above-disclosed competent	nsation with any other person unless	s they are mem	pers and associates of my	law firm.
	☐ I have agreed to share the above-disclosed compensation copy of the agreement, together with a list of the name				firm. A
5.	In return for the above-disclosed fee, I have agreed to rene	der legal service for all aspects of th	ne bankruptcy c	ase, including:	
	<ul><li>a. Analysis of the debtor's financial situation, and renderi</li><li>b. Preparation and filing of any petition, schedules, stater</li><li>c. Representation of the debtor at the meeting of creditors</li><li>d. [Other provisions as needed]</li></ul>	nent of affairs and plan which may	be required;		tcy;
	Negotiations with secured creditors to recreaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on house	s as needed; preparation and			
5.	By agreement with the debtor(s), the above-disclosed fee of Representation of the debtors in any disc any other adversary proceeding.	does not include the following servi hargeability actions, judicial li	ce: <b>en avoidanc</b>	es, relief from stay ac	tions or
		CERTIFICATION			
thi	I certify that the foregoing is a complete statement of any s bankruptcy proceeding.	agreement or arrangement for paym	ent to me for re	epresentation of the debto	or(s) in
	June 10, 2019	/s/ Marc A. Caraska	SBN		_
	Date	Marc A. Caraska Signature of Attorney Law Office of Marc A. 555 University Ave., S Sacramento, CA 95829 (916) 248-8078	uite 116	98	
		mcaraska@caraskalav Name of law firm	v.com		_

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Axcess Financial 7755 Montgomery Rd. Cincinnati, OH 45236

Chase P.O. Box 94014 Palatine, IL 60094-4014

Credit One Bank
P.O. Box 98873
Las Vegas, NV 89193-8873

Franchise Tax Board Bankruptcy Section MS A-340 P.O. Box 2952 Sacramento, CA 95812-2952

Franchise Tax Board Chief Counsel c/o General Counsel Section P.O. Box 1720, MS A-260 Rancho Cordova, CA 95741-1720

Honda Financial Services P.O. Box 70252 Philadelphia, PA 19176-0252

Internal Revenue Service P.O. Box 7346 Philadelphia, PA 19101-7346

Landmark Financial Services 2118 Usher St. Covington, GA 30014

Mid America Bank and Trust P.O. Box 7009 Overland Park, KS 66207

Nationstar Mortgage 350 Highland Dr. Lewisville, TX 75067

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Security Credit Services 306 Enterprise Dr. Oxford, MS 38655

SYNCB/Care Credit P.O. Box 965036 Orlando, FL 32896-5036

TD Bank USA/Target 7000 Target Parkway N. Minneapolis, MN 55445-4301

The Golden 1 Credit Union P.O. Box 15966 Sacramento, CA 95852

United States Attorney For Internal Revenue Service 501 I Street, Suite 10-100 Sacramento, CA 95814

United States Dept of Justice Civil Trial Section, West Region Box 683, Ben Franklin Station Washington, DC 20044 Certificate Number: 12459-CAE-CC-032841944



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on May 19, 2019, at 7:31 o'clock PM PDT, Jason Sullivan received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 19, 2019

By: /s/Jessica Fleming

Name: Jessica Fleming

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).

Certificate Number: 12459-CAE-CC-032841945



## **CERTIFICATE OF COUNSELING**

I CERTIFY that on May 19, 2019, at 7:31 o'clock PM PDT, Andrea Sullivan received from Abacus Credit Counseling, an agency approved pursuant to 11 U.S.C. 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: May 19, 2019

By: /s/Jessica Fleming

Name: Jessica Fleming

Title: Credit Counselor

\* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. 109(h) and 521(b).